

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

---

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

Loudon Housing Authority  
tn064v02 – Version2  
Submitted to HUD – June 26, 2002

**NOTE: THIS PHA PLAN TEMPLATE (HUD50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** LOUDON HOUSING AUTHORITY

**PHA Number:** TN064

**PHA Fiscal Year Beginning:**(mm/yyyy) 07/2002

### PHA Plan Contact Information:

Name: Lori Everett

Phone: 865-458-2061

TDD: 865-458-2061

Email(if available): lhalori@bellsouth.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered :

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 20 02**  
[24CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

<b>Contents</b>	<b><u>Page#</u></b>
<b>Annual Plan</b>	
i. Executive Summary (optional)	N/A 1
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	3
3. Demolition and Disposition	4
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	5
6. Other Information:	5
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	6
C. Criteria for Substantial Deviations and Significant Amendments	7
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan <b>(Included in plan)</b>	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Attachment G: Voluntary Conversion Initial Assessment <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Attachment H: P&E Report, dated 12/31/2001, for TN37 -PO64-501-00 <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Attachment J: P&E Report, dated 12/31/2001, for TN37 -PO64-501-01 <b>(Included in plan)</b>	
<input checked="" type="checkbox"/> Deconcentration Policy <b>tn064a02</b>	

## **ii.ExecutiveSummary**

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1.Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

### **2.Capital Improvement Needs**

[24CFRPart903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **219,754**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1)Capital Fund Program 5 -Year Action Plan**

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

#### **(2)Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3.D emolition and Disposition**

[24CFRPart903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

## 4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

☐ Demonstrating that it has or will acquire other relevant experience  
any other organization to be involved and its experience, below):

e(list PHA experience, or

## **5.Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP fund  
Plan meetings specified requirements prior to receipt of PHDEP funds.

smust provide a PHDEP

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this  
PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming  
year? \$ \_\_\_\_\_

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes,  
answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6.Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory  
Board/s?

2. If yes, the comments are attached at Attachment (Filename) \_\_\_\_\_ F

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_F\_.

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.  
An explanation of the PHA's consideration is included at the end of the RAB  
Comments in Attachment \_F\_.

☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1.ConsolidatedPlanjurisdiction:( **STATE OF TENNESSEE** )

2.ThePHAhas takenthefollowingstepstoensureconsistencyofthisPHAPlanwiththeConsolidated Planforthejurisdiction:(selectallthatapply)

- ☒ ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictiononthe needs expressedintheConsolidatedPlan/s.
- ☒ ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedbythe ConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
- ☒ ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthedevelopmentof thisPHAPlan.
- ☐ ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwithspecific initiativescontainedintheConsolidatedPlan.(listsuchinitiativesbelow)
- ☐ Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

☐ Yes ☒ No:DoesthePHArequestfinancialorothersupportfromtheStateorlocalgovernment agencyinordertomeettheneeds ofitspublichousingresidentsorinventory?Ifyes, pleaselistthe5mostimportantrequestsbelow:

4.TheConsolidatedPlanofthejurisdictionsupportsthePHAPlanwiththefollowingactionsand commitments:(describebelow)

**Please refer to the Executive Summary of the Consolidated Plan for the State of Tennessee**

### **C.CriteriaforSubstantialDeviationandSignificantAmendments**

#### **1. AmendmentandDeviationDefinitions**

24CFRPart903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A.SubstantialDeviationfromthe5 -yearPlan:**

**The following are considered to be significant amendments or modifications:**

- 1) **Changes to rent or admissions policies or organization of the waiting list**
- 2) **Additions of non -emergency work items (items not included in the current Annual Statement**

- or 5 -year Action plan) or change in use of replacement reserve funds under the Capital Fund
- 3) Addition of new activities not included in the current PHDEP Plan (if applicable)
  - 4) Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

**B. Significant Amendment or Modification to the Annual Plan:**

Same as "A" above.



## **Attachment A** **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15);</li> <li>Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>Coordination with other law enforcement efforts;</li> <li>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)  Deconcentration Information	(specify as needed)  Five-Year and Annual Plan

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b>  <b>LOUDON HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: TN37-PO64-501-02 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <b>2002</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	1,000.00			
3	1408 Management Improvements	17,500.00			
4	1410 Administration	1,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	25,500.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	105,861.00			
11	1465.1 Dwelling Equipment — Nonexpendable	10,000.00			
12	1470 Non dwelling Structures	46,893.00			
13	1475 Non dwelling Equipment	2,000.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	10,000.00			
18	1498 Mod Used for Development	0.00			
19	1502 Contingency	0.00			
20	Amount of Annual Grant: (sum of lines 2 - 19)	219,754.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: LOUDON HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program#: TN37-PO64-501-02 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	LS	1,000				
	VISTA Worker	1408	1 position	12,500.00				
	Computer Upgrade	1408	LS	5,000.00				
	Advertising	1410	LS	1,000.00				
	Fees and Costs	1430	LS	25,500.00				
	A/E Services 10,000							
	Upgrade agency plan 2,500							
	Energy Audit 5,000							
	Environmental Review 1,000							
	LBPC Clearance Testing 5,000							
	Annual Inspection 2,000							
	Appliances	1465.1	LS	10,000.00				
	Office Renovations	1470	LS	6,893.00				
	Office equipment	1475	LS	1,000.00				
	Maintenance equipment	1475	LS	1,000.00				
	Relocation	1495	LS	10,000.00				
TN64-002	Replace window screens	1460	LS	5,000.00				
	Renovations including HVAC	1460	6 units	85,861.00				
	Dryer hook -ups @ 2,3&4 bdrm units	1460	LS	15,000.00				
TN64-003	Additional maintenance space	1470	LS	40,000.00				

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

[illegible]

## Capital Fund Program Five - Year Action Plan

### Part I: Summary

PHAName Loudon Housing Authority				<input checked="" type="checkbox"/> <b>Original 5 - Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: TN37 -PO64-501-03 PHAFY: 2003	Work Statement for Year 3 FFY Grant: TN37 -PO64-501-04 PHAFY: 2004	Work Statement for Year 4 FFY Grant: TN37 -PO64-501-05 PHAFY: 2005	Work Statement for Year 5 FFY Grant: TN37 -PO64-501-06 PHAFY: 2006
	Annual Statement				
HA-WIDE		78,000	57,500	88,000	58,000
TN64-002		140,000	150,000	65,000	45,000
TN64-003		20,000	50,000	65,000	178,393
CFP Funds Listed for 5-year planning		238,000	257,500	218,000	281,393
Replacement Housing Factor Funds					



Capital Fund Program Five -Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: 2 FFY Grant: TN37 -PO64-501-03 PHAFY: 2003			Activities for Year: 3 FFY Grant: TN37 -PO64-501-04 PHAFY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See Annual Statement</b>	HA-WIDE	Operations	1,000	HA-WIDE	Operations	1,000
		VISTA	12,500		VISTA	12,500
		Advertising	1,000		Advertising	1,000
		Agency Plan Update	2,500		Agency Plan Update	2,000
		Environmental Review	1,000		Environmental Review	1,000
		Computer Upgrade	5,000		Computer Upgrade	5,000
		A/E Fees	15,000		A/E Fees	15,000
		Contingency	1,000		Contingency	1,000
		Maintenance equipment	1,000		Maintenance equipment	1,000
		Office equipment	1,000		Office equipment	1,000
		Appliances	10,000		Appliances	10,000
		Relocation	25,000		LBPC Clearance Testing	5,000
		Annual Inspection	2,000		Annual Inspection	2,000
		<b>Subtotal</b>	<b>78,000</b>		<b>Subtotal</b>	<b>57,500</b>
	TN64-002	Renovations @ 14 units (including HVAC)	140,000	TN64-002	HVAC @ 30 units	150,000
		<b>Subtotal</b>	<b>140,000</b>		<b>Subtotal</b>	<b>150,000</b>
	TN64-003	Dumpster screening	5,000	TN64-003	Repave parking bays, striping & numbering	50,000
		Replace window screens	5,000			
		Update Comm. Bldg -	10,000			
		<b>Subtotal</b>	<b>20,000</b>		<b>Subtotal</b>	<b>50,000</b>
Total CFPEstimated Cost			<b>\$238,000</b>			<b>\$257,500</b>

Capital Fund Program Five - Year Action Plan  
**Part II: Supporting Pages — Work Activities**

Activities for Year: 4__ FFY Grant: TN37 -PO64-501-05 PHAFY:2005			Activities for Year: 5 FFY Grant: TN37 -PO64-501-06 PHAFY:2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-WIDE	Operations	1,000	HA-WIDE	Operations	1,000
	VISTA	12,500		VISTA	12,500
	Advertising	1,000		Advertising	1,000
	Agency Plan Update	2,500		Agency Plan Update	2,500
	Environmental Review	1,000		Environmental Review	1,000
	Computer Upgrade	5,000		Computer Upgrade	5,000
	A/E Fees	15,000		A/E Fees	15,000
	Contingency	1,000		Contingency	1,000
	Maintenance equipment	1,000		Maintenance equipment	1,000
	Office equipment	1,000		Office equipment	1,000
	Appliances	10,000		Appliances	10,000
	Maintenance Vehicle	35,000		LBPC Clearance Testing	5,000
	Annual Inspection	2,000		Annual Inspection	2,000
	<b>Subtotal</b>	<b>88,000</b>		<b>Subtotal</b>	<b>58,000</b>
TN64-002	Fencing @ property line	15,000	TN64-002	Sidewalks	5,000
	Office expansion	50,000		Resurface parking	40,000
	<b>Subtotal</b>	<b>65,000</b>		<b>Subtotal</b>	<b>45,000</b>
TN64-003	Replace kitchen cabinets/countertops/range hoods in 30 units	60,000	TN64-003	Replace kitchen cabinets/countertops/range hoods in 41 units	82,000
	Sidewalks	5,000		Replace tubs	96,393
	<b>Subtotal</b>	<b>65,000</b>		<b>Subtotal</b>	<b>178,393</b>
Total CFPE Estimated Cost		<b>\$218,000</b>			<b>\$281,393</b>

## PHA Public Housing Drug Elimination Program Plan (N/A)

**Note:** This PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

### Section 1: General Information/History

0. Amount of PHDEP Grant \$ \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      N1 \_\_\_\_\_ N2 \_\_\_\_\_                      R \_\_\_\_\_

0. FFY in which funding is requested \_\_\_\_\_

0. **Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long.

### 0. **Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### 0. **Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12Months \_\_\_\_\_ 18Months \_\_\_\_\_ 24Months \_\_\_\_\_

#### 0. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

### Section 2: PHDEP Plan Goals and Budget

#### 0. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and our system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

#### 0. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY_____PHDEPBudgetSummary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 –Reimbursement of Law Enforcement	
9115 –Special Initiative	
9116 –Gun Buyback/TAMatch	
9120 –Security Personnel	
9130 –Employment of Investigators	
9140 –Voluntary Tenant Patrol	
9150 –Physical Improvements	
9160 –Drug Prevention	
9170 –Drug Intervention	
9180 –Drug Treatment	
9190 –Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise —not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 –Special Initiative</b>	<b>Total PHDEP Funding:\$</b>
---------------------------------	-------------------------------

Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 –GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 –SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>		<b>TotalPHDEPFunding:\$</b>
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 – PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 –DrugPrevention		TotalPHDEPFunding:\$
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9170 –DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 –DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 –OtherProgramCosts					TotalPHDEPFunds:\$				
Goal(s)									
Objectives									



Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							



## Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Tim Jenkins**

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

0. The term of appointment is (include the date term expires): **12/15/2005**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

0. Date of next term expiration of governing board member: **12/15/2002**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Bernie R. Sweeney, Mayor of Loudon**

**Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Nellie Russell – 158 Willow Court  
Tim Jenkins – 118 Hackberry Street  
Yvonne Lehman – 105 Pathkiller Trail  
Kathleen Hickey – 122 Elm

## **Required Attachment F: Comments of Resident Advisory Board and Explanation of PHA Response**

A Resident Advisory Board meeting was held on March 13, 2002 to hear comments on Agency Plan for this year. There was a Public Hearing held on March 22, 2002 to hear comments on the FY 2002 Agency Plan. The meeting was called to order by the Chairman of the Board of Commissioners, Carol Everett.

Below is a list of comments and how they have been addressed( **in bold** ):

- Requested additional parking at TN64 -02
- Range hoods

**The LHA already has that in their 5 -year plan.**

## **Required Attachment G: Voluntary Conversion Initial Assessment**

0. How many of the PHA's developments are subject to the Required Initial Assessments?

**Two(2)**

0. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

**Zero(0)**

0. How many Assessments were conducted for the PHA's covered developments?

**One, the initial assessment**

0. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

**At this time, there are no developments that are appropriate for conversion**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds	0.00	17,632.00	17,632.00	17,632.00
2	1406 Operations	31,529.00	6,749.00	1,749.42	1,749.42
3	1408 Management Improvements	12,500.00	12,500.00	12,500.00	12,500.00
4	1410 Administration	0.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,300.00	13,300.00	9,475.00	9,475.00
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000.00	12,000.00	12,000.00	12,000.00
10	1460 Dwelling Structures	145,500.00	158,280.00	158,280.00	158,280.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	5,500.00	14,500.00	2,308.00	2,308.00
13	1475 Nondwelling Equipment	12,000.00	12,000.00	5,144.00	5,144.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	229,329.00	229,329.00	201,454.42	201,456.42
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-00 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost  Original Revised		Total Actual Cost	Status of Work
HA-WIDE	Operations		1406	LS	31,529.00	6,749.00	1,749.42	Work in Progress
	VISTA		1408	1 position	12,500.00	12,500.00	12,500.00	Work Complete
	A/E Services		1430	LS	9,300.00	9,300.00	6,975.00	Work in Progress
	Advertising		1430	LS	1,000.00	0.00	0.00	Deferred
TN64-002	Utility Allowance Upgrade		1430	LS	3,000.00	2,000.00	750.00	Work Complete
TN64-003	Utility Allowance Upgrade		1430	LS	3,000.00	2,000.00	1,750.00	Work Complete
TN64-002	Handrails		1450	LS	2,500.00	5,250.00	5,250.00	Work Complete
TN64-003	Handrails		1450	LS	2,500.00	5,250.00	5,250.00	Work Complete
TN64-003	Sidewalk repair		1450	LS	1,000.00	1,500.00	1,500.00	Work Complete
TN64-003	Interior doors -\$100.00 ea		1460	310 ea.	31,000.00	62,700.00	62,700.00	Work Complete
TN64-003	Brace ceiling joists in 2 -bdrm units		1460	48 units	8,000.00	17,500.00	17,500.00	Work Complete
TN64-003	Brace ceiling joists in 3 -bdrm units		1460	22 units	0.00	11,700.00	11,700.00	Work Complete
TN64-003	Siding, fascia & soffit		1460	71 units	106,500.00	66,380.00	66,380.00	Work Complete
TN64-002	VCT and ceiling tile @ Comm. Bldg.		1470	LS	2,000.00	6,000.00	0.00	Work Deferred
TN64-003	Siding, fascia & soffit @ Comm. Bldg.		1470	LS	1,500.00	1,500.00	0.00	Work in Progress
TN64-003	Windows @ Comm. Bldg.		1470	LS	2,000.00	7,000.00	2,308.00	Work in Progress
HA-WIDE	Trailer & mower		1475	1 ea.	12,000.00	12,000.00	5,144.00	Work in Progress

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b>  <b>LOUDONHOUSINGAUTHORITY</b>		<b>GrantTypeandNumber</b> CapitalFundProgram: TN37-PO64-501-01 CapitalFundProgram ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b>  <b>2001</b>	
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno: )</b>					
<input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding: 12/31/2001</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	1,000.00			
3	1408ManagementImprovements	17,500.00			
4	1410Administration	1,000.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	22,000.00		1,000.00	1,000.00
8	1440SiteAcquisition				
9	1450SiteImprovement	92,000.00			
10	1460DwellingStructures	4,564.00			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	55,244.00			
13	1475NondwellingEquipment	38,000.00			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency	2,585.00			
20	AmountofAnnualGrant:(sumoflines2 -19)	233,893.00		1,000.00	1,000.00
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

PHA Name: LOUDON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program#: TN37-PO19-501-01 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	LS	1,000		0.00	0.00	Noworktodate
	VISTA Worker	1408	1 position	12,500.00		0.00	0.00	Noworktodate
	Computer Upgrade	1408	LS	5,000.00		0.00	0.00	Noworktodate
HA-Wide	Advertising	1410	LS	1,000.00		0.00	0.00	Noworktodate
	Fees and Costs	1430	LS	22,000.00				
	A/E Services 9,000							Work in progress
	Upgrade agency plan 2,000							Work in progress
	Clerk 10,000							Noworktodate
	Environmental Review 1,000					1,000.00	1,000.00	Work Complete
TN64-002	Correct water ponding	1450	LS	1,000		0.00	0.00	Noworktodate
	Additional parking spaces	1450	LS	21,000		0.00	0.00	Noworktodate
	Landscaping	1450	LS	10,000		0.00	0.00	Noworktodate
TN64-003	Tot lot	1450	LS	20,000		0.00	0.00	Noworktodate
	Drainage swales	1450	LS	10,000		0.00	0.00	Noworktodate
	Landscaping	1450	LS	20,000		0.00	0.00	Noworktodate
	Sidewalk/paving at Comm. Bldg.	1450	LS	10,000		0.00	0.00	Noworktodate
	Brace ceiling joists in 3 -bedroom units	1460	LS	4,564.00		0.00	0.00	Noworktodate
TN64-002	Renovate office space	1470	LS	40,000		0.00	0.00	Noworktodate
	New telephone system at office	1470	LS	10,000		0.00	0.00	Noworktodate
	Drop-box at office for payments	1470	LS	3,000		0.00	0.00	Noworktodate
TN64-003	Replace ceiling tile at Comm. Bldg.	1470	LS	2,244		0.00	0.00	Noworktodate
PHA-Wide	Maintenance Vehicle	1475	1	25,000		0.00	0.00	Noworktodate
	Golf cart for maintenance work	1475	1	3,000		0.00	0.00	Noworktodate
	Office Furnishings, equipment	1475	LS	10,000		0.00	0.00	Noworktodate
	Contingency	1502	LS	2,585		0.00	0.00	Noworktodate

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
<b>PHAName:</b> LOUDON HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program#: TN37-PO64-501-01 Capital Fund Program Replacement Housing Factor#:				<b>Federal FY of Grant:</b> 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	06-30-2003			12-31-2004			
TN064-002	06-30-2003			12-31-2004			
TN064-003	06-30-2003			12-31-2004			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## LOUDON HOUSING AUTHORITY DECONCENTRATION POLICY

The Loudon Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

- A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.
- B. Income Mixing: Prior to the beginning of each fiscal year the LHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The LHA will strive to insure that no individual development has a concentration of higher or lower income families. The LHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The LHA will affirmatively market public housing to all eligible income groups. If necessary, the LHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.